

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-8918.M5

MDR Tracking #M5-05-1620-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 2-3-05.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

The IRO reviewed vasopneumatic devices, office visits, aquatic therapy, therapeutic exercises, therapeutic activities, group therapeutic procedures, manual therapy technique and electrical stimulation from 2-3-04 through 6-29-04 that were denied for medical necessity. The aquatic therapy, therapeutic exercises, therapeutic activities and group therapeutic procedures **were found** to be medically necessary. The vasopneumatic devices, office visits, manual therapy technique and electrical stimulation **were not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services. The amount due for the medical necessity issues is \$4,325.21.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were not the only fees involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 4-27-05 the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.CPT code

Regarding CPT code 99211 for dates of service 2-3-04, 2-5-04, 2-6-04, 2-11-04, 2-19-04 and 3-4-04 (HCFA was submitted for this date.), 3-5-04, 3-11-04, 3-12-04, 3-16-04, 3-18-04, 3-19-04, 3-23-04, 3-25-04, 3-30-04, 4-8-04, 4-9-04, 4-16-04, 4-22-04, 4-30-04, 6-3-04, 6-8-04, 6-10-04, 6-11-04, 6-15-04, 6-17-04, 6-18-04, 6-23-04, 6-24-04, 6-25-04, 6-29-04: Neither the carrier nor the requestor provided EOB's. The requestor did not submit convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). The requestor did not submit medical bills in accordance with Rule 133.307 (e)(2)(A): "a copy of all medical bills as originally submitted to the carrier for reconsideration in accordance with 133.304" must accompany medical fee disputes. Therefore, it was not possible for staff to determine how these office visits

were coded. Respondent did not provide EOB's per rule 133.307(e)(3)(B). **Recommend no reimbursement.**

Regarding CPT code 97032 dates of service 2-3-04, 2-5-04, 2-6-04, 2-11-04, 2-17-04, 2-19-04, 2-24-04, 3-11-04, 3-12-04, 3-16-04, 3-19-04: Neither the carrier nor the requestor provided EOB's. The requestor did not submit convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). The requestor did not submit medical bills in accordance with Rule 133.307 (e)(2)(A): "a copy of all medical bills as originally submitted to the carrier for reconsideration in accordance with 133.304" must accompany medical fee disputes. Therefore, it was not possible for staff to determine how these office visits were coded. Respondent did not provide EOB's per rule 133.307(e)(3)(B). **Recommend no reimbursement.**

Regarding CPT code 99213 dates of service 2-24-04, 4-1-04: Neither the carrier nor the requestor provided EOB's. The requestor did not submit convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). The requestor did not submit medical bills in accordance with Rule 133.307 (e)(2)(A): "a copy of all medical bills as originally submitted to the carrier for reconsideration in accordance with 133.304" must accompany medical fee disputes. Therefore, it was not possible for staff to determine how these office visits were coded. Respondent did not provide EOB's per rule 133.307(e)(3)(B). **Recommend no reimbursement.**

Regarding CPT code 99212 dates of service 3-26-04: Neither the carrier nor the requestor provided EOB's. The requestor did not submit convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). The requestor did not submit medical bills in accordance with Rule 133.307 (e)(2)(A): "a copy of all medical bills as originally submitted to the carrier for reconsideration in accordance with 133.304" must accompany medical fee disputes. Therefore, it was not possible for staff to determine how these office visits were coded. Respondent did not provide EOB's per rule 133.307(e)(3)(B). **Recommend no reimbursement.**

Regarding CPT codes 99211, 97032, 970169, 97110, 97530, 97113 for dates of service 4-6-04: Neither the carrier nor the requestor provided EOB's. The requestor did not submit convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). The requestor did not submit medical bills in accordance with Rule 133.307 (e)(2)(A): "a copy of all medical bills as originally submitted to the carrier for reconsideration in accordance with 133.304" must accompany medical fee disputes. Therefore, it was not possible for staff to determine how these office visits were coded. Respondent did not provide EOB's per rule 133.307(e)(3)(B). **Recommend no reimbursement.**

CPT code 97016 on 6-8-04 was denied as "N – not appropriately documented." The requestor provided documentation to support delivery of services per Rule 133.307(g)(3)(A-F). **Recommend reimbursement of \$18.40.**

This Findings and Decision is hereby issued this 29th day of June, 2005.

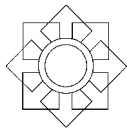
Medical Dispute Resolution Officer
Medical Review Division

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c); plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for dates of service 3-3-04 through 6-29-04 totaling \$4,343.61 as outlined above in this dispute.

This Order is hereby issued this 29th day of June 2005.

Margaret Q. Ojeda
Manager, Medical Necessity Team
Medical Dispute Resolution
Medical Review Division

Enclosure: IRO decision



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NOTICE OF INDEPENDENT REVIEW DECISION

June 16, 2005

Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker: _____
MDR Tracking #: M5-05-1620-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional

licensed in Chiropractic Medicine. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient injured his back on ____ in a work related event. He has been treated with medications and therapy.

Requested Service(s)

Group therapeutic process, manual therapy technique for dates of service 02/03/04 through 06/29/04

Vasopneumatic device, aquatic therapy, therapeutic activities for dates of service 02/03/04 through 06/29/04 (date of service 04/06/04 not reviewed)

Therapeutic exercises for dates of service 02/03/04 through 06/29/04 (04/06/04 and 06/10/04 not reviewed)

Electrical stimulation for dates of service 02/03/04 through 06/29/04 (02/03/04, 02/05/04, 02/06/04, 02/11/04, 02/17/04, 02/19/04, 02/24/04 03/12/04, 04/06/04 not reviewed)

Office Visits (99211) for dates of service 02/03/04 through 06/29/04 (02/03/04, 02/05/04, 02/06/04, 02/11/04, 02/19/04, 03/04/04, 03/05/04, 03/12/04, 04/06/04, 06/10/04 not reviewed)

Office Visits (99213) for dates of service 02/03/04 through 06/29/04 (02/24/04 not reviewed)

Decision

It is determined that there is medical necessity for the aquatic therapy, therapeutic exercises, therapeutic activities, and group therapeutic process. However, there is no medical necessity for the office visits (99211 and 99213), vasopneumatic device, manual therapy technique, and electrical stimulation to treat this patient's medical condition.

Rationale/Basis for Decision

Medical record documentation indicates this patient had a multitude of therapies, surgeries and follow-up visits. The use of aquatic therapy is appropriate because of its unique physical properties of the water making it an ideal medium for rehabilitation of low back injuries. The therapeutic exercises, therapeutic activities and group therapeutic process is appropriate for this post-revision surgery, lumbar fusion patient. The continuation of normal activities is the only intervention with

beneficial effects for acute low back pain according to the Philadelphia Panel¹. However, passive activities such as electrical stimulation and manual therapy technique lack evidence regarding its efficacy.

The use of vasopneumatic devices was not medically necessary. These devices apply pressure by special equipment to areas of the body to reduce swelling. Medical documentation does not indicate this patient was experiencing any areas of swelling. Lastly, this patient is an established patient in a physical therapy program, there is no need for daily assessments (office visits 99211) and there is no medical documentation to support the need for the office visits (99213) in question.

Therefore, the aquatic therapy, therapeutic exercises, therapeutic activities, and group therapeutic process are medically necessary to treat this patient's medical condition for the dates of service in question. However, the office visits (99211

and 99213), vasopneumatic device, manual therapy technique, and electrical stimulation are not medically necessary to treat this patient's medical condition on the dates of service in question.

Sincerely,

A handwritten signature in black ink, appearing to read "Gordon B. Strom, Jr.", written in a cursive style.

Gordon B. Strom, Jr., MD
Director of Medical Assessment

GBS:dm

Attachment

¹ Philadelphia Panel Evidence-Based Guidelines on Selected Rehabilitation Interventions for Low Back Pain. Phys Ther. 2001;81:1641-1674.

Attachment

Information Submitted to TMF for TWCC Review

Patient Name: ____

TWCC ID #: M5-05-1620-01

Information Submitted by Requestor:

- Progress Notes
- Impairment Rating

Information Submitted by Respondent:

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